

APPLICATION FOR
 CERTIFICATION
 AS A SEASONAL EMPLOYER
 Page One

DUA USE ONLY
 Plan Number: _____

Submit this request to the Massachusetts Division of Unemployment Assistance; UI Specialized Services Unit; 19 Staniford Street, 1st Floor; Boston, MA 02114 for approval of Seasonal Status in accordance with M.G.L. c. 151A, ss. 1 and 24A.

PART A. EMPLOYER INFORMATION

1. Name of Employer	2. Mass. DUA Employer I.D. #
	3. Federal I.D. #
4. Mailing Address	
5. Location of Seasonal Work, if different from address listed on Line 4	
6. Contact Person	7. Telephone Number of Contact Person

8. Is the **entire** business operation to which this application applies seasonal? ☐ Yes ☐ No

If you answered "yes" to question #8; please complete Sections B & D.

If you answered "no" to question #8, please complete Sections C, D, and Addendum(s)

PART B. (Complete only if you answered "Yes" to question #8)

1. Describe the nature of your seasonal business:						
2. The Massachusetts Division of Unemployment Assistance defines a "week" as seven consecutive days beginning on Sunday And ending on Saturday. What will be the number of working days in your standard work week? _____						
3. Please list the dates of your seasonal operation: <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>BEGIN DATE</u></td> <td style="text-align: center;"><u>END DATE</u></td> <td style="text-align: center;"><u>Number of Weeks</u></td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> <p><i>Dates must be specific. For example, July – Sep. 1999 is not specific; July 3, 1999 – Sept. 4, 1999 is specific.</i></p>	<u>BEGIN DATE</u>	<u>END DATE</u>	<u>Number of Weeks</u>	_____	_____	_____
<u>BEGIN DATE</u>	<u>END DATE</u>	<u>Number of Weeks</u>				
_____	_____	_____				

PART C: TO BE COMPLETED IF APPLYING FOR SEASONAL CERTIFICATION FOR A FUNCTIONALLY DISTINCT OCCUPATION(S) WITHIN YOUR BUSINESS

1.

(a)

Describe the nature of the *non-seasonal* portion of your business:_____

- (b)

Describe the nature of the *seasonal* portion of your business to which this application applies.

2. List the functionally distinct occupations in the seasonal portion of your business described in Section 1 (b) and the Exact start and end dates of these positions. (Dates must be specific. For example, July – Sept. 1999 is not specific; 7/3/99 – 9/4/99 is specific.

SEASONAL OCCUPATION	Exact Start Date	Exact End Date	Number of Weeks

PART D EMPLOYER CERTIFICATION

This application must be signed by the owner, a partner, a corporate officer, or duly authorized employer representative.

I certify that the information provided on this application is correct to the best of my knowledge. I further certify to the following:

1. I have posted a Notice of Application for Certification as a Seasonal Employer for inspection by my employees.
2. I have issued a Notice of Application for Certification as a Seasonal Employer to all prospective seasonal employees and will issue a copy of this notice to all new applicants for seasonal employment.
3. If this application is approved, I will post a copy of the Notice to Employees of Certification as a Seasonal Employer for inspection by my employees.
4. If this application is approved, I will issue a copy of the Notice to Employees of Certification as a Seasonal Employer to all seasonal employees and to all applicants for seasonal employment.
5. I will report seasonal wages paid to seasonal employees to the Division of Unemployment Assistance on a quarterly basis.

Note: Seasonal Wages must be reported on both your Form 0001 – Employer’s Quarterly Contribution Report and on the Report of Wages Paid to Seasonal Employees that will be provided to you if this application is approved.

6. If this application is denied, I will post a copy of the denial notice for inspection by my employees.

Print Name:_____ **Title:**_____

Signature:_____ **Date:**_____

Telephone Number:_____

***If you have any questions, please contact the UI Specialized Services Unit at (617) 626-5451.
You may also Fax this application to 617 727 4303.***